

EMERGENCY REPAIR PROGRAM

PRE-ASSESSMENT REQUEST

MAY 2006

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LEA	COUNTY	
SCHOOL NAME	FIVE-DIGIT DISTRICT CODE	SEVEN-DIGIT SITE CODE
LEA REPRESENTATIVE	TITLE	
E-MAIL ADDRESS	TELEPHONE NUMBER	
MAILING ADDRESS		

INSTRUCTIONS

Complete the following form to request a pre-assessment of the Local Educational Agency's (LEA's) health and safety threat project for the Emergency Repair Program (ERP). The Office of Public School Construction (OPSC) will review the LEA's request and respond by sending a letter to indicate whether or not the project may qualify for ERP reimbursement. The LEA must complete one request per project type for each school site.

What is the year of original construction of the school? _____

What system or component needs to be repaired/replaced? Only one box may be selected, however multiple Pre-Assessment Requests can be submitted. If "Other" is selected, please provide the system/component or project type in the space provided.

- | | | |
|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Water | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> HVAC | <input type="checkbox"/> Fire/Life Safety |
| <input type="checkbox"/> Other: _____ | | |

Do you propose to repair or replace the existing system/component? Select only one box.

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Repair | <input type="checkbox"/> Replacement |
|---------------------------------|--------------------------------------|

Please note that for like-kind replacement projects additional documentation to verify that it is cost effective to replace the system or component rather than repair it is required once the LEA submits the Application for Reimbursement and Expenditure Report (Form SAB 61-03). In addition, for alternative materials/system replacements, documentation to verify that the alternative material/system costs less than a like-kind replacement is required. For more information on the required documentation please review the Application Submittal Requirements Checklist on the OPSC Web site.

Please describe the health and safety threat problem at the site.

Where is the health and safety threat located? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Classrooms/Instructional | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Counseling Area | <input type="checkbox"/> Multipurpose |
| <input type="checkbox"/> Administration Area | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Dining Space | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Library | <input type="checkbox"/> Subsidiary Facilities |

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Please describe the documentation the LEA has or will have to substantiate the health and safety threat. Examples of this documentation are as follows:

- » Photos showing the problem
- » Signed copy of the Interim Evaluation Instrument identifying the problem
- » Copies of complaints made by parents, students, or staff referencing the problem
- » Inspection report by a qualified individual(s) or firm(s)

How does the LEA plan to mitigate the health and safety threat? Describe the work to be completed.

Will Division of State Architect approved plans and specifications be required for this project?

Has a contract(s) for services or work been entered into and/or has an expenditure been made for this project? If so, please provide the date the contract(s) was signed and/or the date the expenditure(s) was made.

Approximately how much will the project cost, including planning, testing/inspection, and construction costs? \$ _____

Submit completed form to: **Office of Public School Construction**
Attention: Steven Paul
1130 K Street, Suite 400
Sacramento, CA 95814

Or fax completed form to: **916.445.5526**